



RENTAL APPLICATION

Date: _____

Application for Rental of Premises at: _____

You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after a rental agreement is signed, your rental agreement will be terminated.

PERSONAL INFORMATION

Applicant's Name _____

Note: A separate application form must be completed by each individual that will reside in the referenced unit.

Social Security # _____	Date of Birth _____
Driver's License # _____	
Email address _____	Daytime # _____
Evening # _____	Cell Phone _____

OTHER RESIDENTS	PHONE	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENT'S HISTORY

Present Address _____	How Long? _____
Present Landlord _____	Phone _____
Reason for Moving? _____	Rent _____

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(Complete if less than one year at present address)

|                          |                 |
|--------------------------|-----------------|
| Present Address _____    | How Long? _____ |
| Present Landlord _____   | Phone _____     |
| Reason for Moving? _____ | Rent _____      |

## EMPLOYMENT HISTORY

|                     |                      |
|---------------------|----------------------|
| Employer _____      | Starting Date _____  |
| Address _____       |                      |
| Position Held _____ | Monthly Income _____ |
| Supervisor _____    | Phone _____          |

### *Other Employment*

|                     |                      |
|---------------------|----------------------|
| Employer _____      | Starting Date _____  |
| Address _____       |                      |
| Position Held _____ | Monthly Income _____ |
| Supervisor _____    | Phone _____          |

OTHER SOURCES OF INCOME

\_\_\_\_\_  
\_\_\_\_\_

CREDIT REFERENCES

Bank \_\_\_\_\_ Type of Account \_\_\_\_\_  
Bank \_\_\_\_\_ Type of Account \_\_\_\_\_

Credit References (auto loans, personal loans, credit cards)

\_\_\_\_\_ Monthly Payment \_\_\_\_\_  
\_\_\_\_\_ Monthly Payment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION

Automobiles and Other Vehicles

Make & Type \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Lic Plate # \_\_\_\_\_  
Make & Type \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Lic Plate # \_\_\_\_\_  
Make & Type \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Lic Plate # \_\_\_\_\_

**NO PETS ALLOWED – NO EXCEPTIONS**

In case of personal emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Date Required \_\_\_\_\_ Monthly Rental \$ \_\_\_\_\_  
Term of Rental \_\_\_\_\_ to \_\_\_\_\_ Sec. Deposit \$ \_\_\_\_\_

Landlord informs the tenant that he may request in writing within seven days after he occupies the rental unit a list of physical damages or defects, if any, charged to the previous tenant's security deposit.

I hereby certify that all statements made above are correct.

My rental of said premises is to be limited to use and occupancy by family of size and description above without any right on my part to sublet all or any of said premises.  
**I authorize you to contact any references that I have listed, before, during or after my tenancy.**

The applicant acknowledges being furnished copies of the Residential Lease and Rules & Regulations for Inspection. The Applicant agrees to sign the completed Lease and Rules and Regulations before taking occupancy of the premises.

\_\_\_\_\_  
Signature of Applicant Date

**Return Application to:** Gerrard Corporation, 420 Fifth Avenue South, La Crosse, WI 54601  
Phone (608) 782-4488 Fax (608) 782-4478  
[paul@gerrardcompanies.com](mailto:paul@gerrardcompanies.com) or [www.gerrardcompanies.com](http://www.gerrardcompanies.com)

